

Bell System Guidelines for Business Forms



A system of coordinated graphics for Bell System business forms

The graphics guidelines presented here attempt for the first time to create a Bell System look for business forms used by all System companies. There are four basic values inherent in such a system of graphics that make this objective important to the Bell System and to each System company.

First, a graphic system will add coherence and clarity to the information on business forms.

Second, a system of graphics will give a coordinated look to the thousands of business forms used by each company.

Third, coordinated graphics on each company's business forms will provide a unified appearance from one System company to another.

And fourth, the graphic system on business forms will reinforce the new Bell System corporate identification program.

Since it is impractical to redesign every form for each company, this is *not* a *manual* which prescribes a specific solution for every application. Rather, before-after examples are used to demonstrate a set of graphic principles that will produce a new, unified *Bell System look* on any business form for any System company. The "before" examples were not selected to single out any particular business form nor any particular company. They are representative of the wide variety of graphics currently being used.

Most of the business forms of System companies have been historically individual. With the exception of customer bills, they may have little resemblance to other forms produced within the same company or to comparable forms used by other System companies. However, through the publication of these guidelines we hope

to stimulate forms control people to apply the ideas presented here to their company's new forms as they are produced and to old forms as they are reprinted or revised.

The millions of telephone bills mailed each month are the most personal, regular communication we have with our customers. Other millions of a wide variety of business forms are used to conduct our business internally and with various suppliers of service and materials. These create a cumulative visual impression about each company and about the Bell System. Inappropriate or nondescript graphics on business forms may label a company old fashioned, inefficient, unconcerned. Appropriate, contemporary and coordinated graphics reflect a company that is aware and progressive. It is equally important that internal as well as external business forms contribute a positive impression of each company and a collective impression of the Bell System.

Your company has many business forms not demonstrated here. And examples used in these demonstrations may vary from forms your company does use. *Therefore, these guidelines must be interpreted creatively, applying the principles expressed rather than transposing exact detail.* Printers who supply type proofs from rough layouts not marked for type should be instructed to follow these guidelines and to interpret the roughs in terms of the new graphic system.

General Principles

The examples shown in this book are actual business forms being used by System companies. In order to accommodate the demonstrations it was necessary, in most instances, to show them in reduced size.

Whether or not your company uses any of these forms is not important. Each of the examples has been redesigned to demonstrate basic typographic principles which can be applied to any business form to achieve the same visual effect. There is a definite family resemblance among the forms illustrated—despite the wide variety represented.

The before-after technique clearly demonstrates the dramatic change resulting from following these principles. Yet the functional aspects of the original form are retained. There are no major alterations in the format design. And the redesigned forms will work in the same business machines as the originals.

1. The company trademark should appear on every business form in the upper left corner

All business forms, even those used internally, should be identified by the company trademark—Bell symbol and company logotype. Whenever possible, position the trademark in the upper left corner. This placement will help to create a uniform appearance within the company and the Bell System.

Reproduction art and film of the symbol and logotype is available for your use through your company's graphics coordinator.

2. Identify all forms with a title

By placing the left edge of the title at the center line, almost any size title can be accommodated and graphic uniformity maintained from one form to another.

3. Standardize on one typeface—Helvetica

Perhaps the most effective single way to establish uniformity of design between one business form and another, and

between the forms of one System company and another, is the consistent use of one typeface on all forms. The typeface selected for the new Bell System graphics is Helvetica. It is the typeface used for the company logotypes on vehicles, stationery and building signs. Our other graphics manuals and these guidelines are also printed in Helvetica. It is a relatively new typeface and some printers may not have it. However, they should have no difficulty in obtaining Helvetica. Do not allow printers to substitute a "similar" typeface they happen to have on hand.

4. Limit the number of type sizes

Different type sizes are frequently used on a business form to vary the emphasis of captions and headings. When too many variations occur on one form, visual confusion is apt to result. Always limit the number of type sizes to the fewest possible.

In the demonstration forms on the pages following, you will see not more than four variations in type size. On most 8½" x 11" forms, general copy is usually 8-point type. More important information, such as captions, is set in 12 or 14-point. Using approved reproduction art, the company logotype should be made equal in size to the title for the form, which may be set up to 18 point. The customer bill form uses 7-point type for columnar headings and 10-point type for captions. Copy showing the breakdown of customer charges is 8-point. On any form the actual size of type is governed by the functional need.

5. For functional emphasis use a bolder typeface

The general copy on the demonstration forms is Helvetica *Light*. Where emphasis is required for certain captions or headings, use Helvetica *Medium* rather than increase type size.

6. Avoid using all capital letters

An initial capital followed by lower-case letters is a more familiar word form to the eye than all capitals. Since a business form should communicate quickly and clearly, cap and lower-case letters are preferred for captions, phrases and body copy. Where emphasis is required, a bolder face in the cap and lower-case is more effective than all caps.

7. Use hairline rules to separate information

Rules—the lines on a business form that

separate the information—have an important functional role. They are the guidelines that indicate where fill-in information should be entered. They also materially affect the appearance of the form. Heavy rules will dominate the entries, making the form look dark and overcrowded. For clarity and easy reading, the entries should not be overpowered by the rules surrounding them. For this reason, always specify *hairline* rules for general separation lines—both vertical and horizontal.

8. Use a heavy rule to create the Bell System look

Rules not only separate and organize the information on a business form, they can be useful as a design element. The 4-point rules on the demonstration forms are decorative as well as functional, adding strength and distinctiveness to the form. This heavy rule should be used sparingly to separate the different sections of information or to isolate and underscore key copy blocks.

9. Every line of copy and every copy block should follow some vertical alignment

Vertical alignment of copy lines or copy blocks creates the orderly appearance appropriate for a business form. A lack of vertical alignment results in a ragged looking, disorganized form.

On the demonstration forms each single line, and each block of copy is vertically aligned with any counterpart above or below. The fewer different vertical alignments on a form, the cleaner and more organized it looks.

10. Print forms in contrasting inks

The captions and other copy printed on a business form serve primarily to guide the person filling in additional information. The fill-in material then becomes the key information on the form. When the copy is printed in black, the printed matter dominates the fill-in material, sometimes making it difficult to locate information.

Bell System forms to be completed by typewriter or business machine should be printed in a contrasting color, such as blue. The black of the machine ribbon will then stand out.

Forms which may be completed by the user with a ball point pen should be printed in a neutral color, such as grey.

vertical alignments are coordinated wherever possible. For example, the vertical hairline at the top right—separating the "Ship to:" information from the form numbers—is aligned with the vertical lines in the bottom portion of the form. The check boxes for "Stock" and "Non Stock" items are aligned with the vertical line below which separates "Area" from "Estimate Number." These two vertical alignments alone give the

form greater visual simplicity. In addition, the symbol and logotype are aligned with the left margin. And the title of the form—"Requisition"—is aligned with the vertical hairline immediately below. No copy should be placed on a form at random. Attention to vertical alignment will contribute to a coordinated appearance.

Type or use ballpoint pen—bear down hard. You are writing 8 copies

Indiana Bell

Requisition

Form 1689-IF

This requisition has 1 pages. Page 1

Mail shipping papers to:
Indiana Bell Telephone Co., Inc.

Name
J.D. Mitchell

Address
240 N. Meridian Street - Room 1721

City
Indianapolis, Indiana 46204

Check One ☒ Stock Items ☐ Non Stock Items

Ship to:
Indiana Bell Telephone Co., Inc.

Name
J.D. Mitchell

Address
240 N. Meridian Street - Room 1721

City
Indianapolis, Indiana 46204

Ordered by
Wanda S. Smith

Shipped Via
Air Express

M.U. Number

Tel. Co. No.

W.E. Audit No.

Date Ordered
12/28/70

Date Wanted
2/1/71

Date Shipped

Area or Location	Estimate or Job order		Transportation acct. For accounting use	Prepaid trans.
90000				\$

Item Number (Write or type)	Code or Account	Quantity ordered	Unit	Item	W.E. Co. Use Quantity shipped New Class "C"
1.	642-18	10,000	ea	Telephone, miniature "Princess" with unassembled key chains - white	
2.	642-46	10,000	ea	Telephone, miniature "Princess" with unassembled key chains - turquoise	
3.	642-36	5,000	ea	Telephone, miniature "Trimline" with unassembled key chains - white	
4.	642-18	5,000	ea	Telephone, miniature "Trimline" with unassembled key chains - green	
5.	642-36	500	sh	Paper, Letterhead, stationery 8 3/8" x 10 7/8"	
				(copy attached)	
				Please order miniature telephones from	
				Byrd Plastics, Inc.	
				2953 West 12th Street	
				Erie, Pa. 16405	

Approvals

W.E. Co. Use

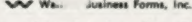
Selector: Checker:

Packer:

Purchase Orders

In applying the principles of our new graphic system to this business form, a combination of relatively minor changes results in the distinctive Bell System look. The 4-point rules separate the basic information into readily discernible areas. The company name and form title can be quickly identified in the top portion. In the next block, the shipping information is better organized within the allotted space—following the principle of minimum vertical alignments.

The main body of the form remains virtually intact. Captions are set in Helvetica Light, cap and lower case. At the bottom of the form, copy is slightly rearranged to assure an orderly vertical alignment of the separate visual elements.

 (Copy Number 1 to Supplier)					FORM 6219 (8-66)	
PURCHASE ORDER SOUTHERN BELL TELEPHONE AND TELEGRAPH COMPANY						
SHIP TO: SOUTHERN BELL TELEPHONE AND TELEGRAPH COMPANY			ORDER NO. _____ DATE _____		PAGE NO. _____ TOTAL PAGES _____	
SEND RECEIPT COPY TO:			ORDER FROM (SUPPLIER)			
SHIP AND BILL TO THIS COMPANY THE ARTICLES LISTED BELOW:						
SIGNATURE: _____ <small>(SUPERVISOR RESPONSIBLE FOR ISSUING ORDER TO SUPPLIER)</small>						
QUANTITY	ARTICLES	UNIT PRICE	AREA NO. AMOUNT	CODE OR ACCT.		
NOTICE TO SUPPLIER						
Please prepay transportation charges and bill as separate item on your invoice. Also, attach copy of transportation bill to support amount billed for transportation.			Send Your Invoice, Original and Duplicate Showing Purchase Order Number Thereon, To SOUTHERN BELL TELEPHONE AND TELEGRAPH COMPANY ADDRESS _____			
You agree to defend at your expense all suits against us for infringement of any U. S. patent, copyright or trademark by any materials covered by this purchase order and will save us harmless from all expenses of defending any such suit and all payments by final judgment therein assessed on account of such infringement.						
LOCAL PURCHASE AUTHORITY REQUESTED	IS _____ TITLE _____	APPROVED _____ TITLE _____	IS _____ TITLE _____	APPROVED _____ TITLE _____	IS _____ TITLE _____	APPROVED _____ TITLE _____



Purchase Order

Form 6219 (8-66)

Copy No. 1 to Supplier

Ship To: Southern Bell Telephone and Telegraph Company

Order No. _____

Date _____

Page No.

Total Pages

Send Receipt Copy To:

Order From (Supplier)

Ship and Bill to this Company the articles listed below:

Signature _____

(Supervisor responsible for issuing order to Supplier)

Notice to Supplier Please prepay transportation charges and bill as separate item on your invoice. Also, attach copy of transportation bill to support amount billed for transportation. You agree to defend at your expense all suits against us for infringement of any U.S. patent, copyright or trademark by any materials covered by this purchase order and will save us harmless from all expenses of defending any such suit and all payments by final judgment therein assessed on account of such infringement.				Send your invoice, original and duplicate showing Purchase Order Number thereon, To Southern Bell Telephone and Telegraph Company			
Local purchase Authority requested				Address			
19		Approved		19		Approved	
Title		Title		Title		Title	

Expense Vouchers

The more complicated the form, the more apparent is the organizational discipline resulting from the application of the new graphic system. On this form, the bars created by the 4-point rules organize the material into subject areas. This technique reduces the visual confusion caused by one area running into another without a visual stop.

With a form as detailed as this one, the use of light face captions, in cap and lower case, is of primary importance.

There is little opportunity on this form to reduce the number of vertical alignments. However, this principle is exercised whenever possible. The words "Expense Voucher" are aligned with all the major captions on the form. This organization allows the eye to single out any particular part of the form quickly.

EXPENSE VOUCHER															FORM 1-15 (REV. 1-63)				
THE BELL TELEPHONE COMPANY OF PENNSYLVANIA																			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CO. HDQTRS <input type="checkbox"/> PHILA. AREA <input type="checkbox"/> EAST. AREA </div> <div> <input type="checkbox"/> CENT. AREA <input type="checkbox"/> WEST. AREA </div> </div>																			
TO _____ (NAME) _____ (TITLE) _____ (DEPARTMENT) _____ (LOCATION)										VOUCHER NO. _____ (FOR ACCTS DEPT USE)									
FORWARD PAYMENT TO: _____ (ADDRESS)																			
YEAR 19		EXPENSES OTHER THAN TRAVELING												AMOUNT					
(NOTE FORM "OVER" WHEN SPACE IS INSUFFICIENT TO RECORD NECESSARY DETAILS)														TOTAL					
TRAVELING EXPENSE																			
YEAR 19		FROM		TO		TRANSPORTATION			MEALS (INCL. TAX & TIP)		LODGING (INCL. TAX)		OTHER EXPENSES (DETAILS)						
DAY	DATE					TRIP	AIRLINE HUB OR R.R. FARE (INCL. TAX)	LOCAL TRANS- PORTA- TION	NO.	AMOUNT	NO.	AMOUNT							
S																			
M																			
T																			
W																			
T																			
F																			
S																			
TOTALS																			
TOTAL TRAVELING AND OTHER EXPENSE																			
* DETAIL OF OTHER EXPENSES _____ _____ _____																			
BUSINESS PURPOSE OF EXPENDITURE: _____																			
TRANSPORTATION, MEALS, LODGING, ETC., OBTAINED BY SERVICE BUREAU ORDER NO. _____																			
TOTAL		DATE	AMOUNT		NAME OF HOTEL OR MOTEL					CITY OR TOWN			STATE						
HOTEL																			
OR MOTEL																			
EXPENSE																			
SUBVOUCHER NO. _____					AMOUNT ADVANCED \$ _____					CORRECT					APPROVED				
AREA		ESTIMATE OR ORDER NO.		ACCOUNT		AMOUNT		(TITLE)					(TITLE)						
TOTAL																			
RECEIVED OF The Bell Telephone Company of Pennsylvania, SUBJECT TO THE FOLLOWING NOTICE. _____ DOLLARS 100 IN FULL PAYMENT OF ABOVE EXPENSES WHICH I CERTIFY HAVE BEEN INCURRED ON BEHALF OF THE COMPANY. _____ SIGN HERE (DATE) 19 _____																			
NOTICE: THE PERSON SIGNING THIS VOUCHER SHOULD RECEIVE PAYMENT AT TIME OF RECEIPTING. IF THIS VOUCHER IS RECEIPTED WITHOUT PAYMENT IT IS DONE AT THE SIGNER'S OWN RISK.																			



Expense Voucher

☐ Co Hdqtrs ☐ East Area ☐ West Area
☐ Phila Area ☐ Cent Area

Forward payment to
(Address)

Expenses Other Than Traveling

Amount

(Note Form Over when space is insufficient to record necessary details)

Total →

Traveling Expenses

—

148

•

• •

[illegible]

• •

• •

•

• •

• •

Totals →

Total Traveling and Other Expense

*Detail of other expenses.

Business Purpose of Expenditure

Transportation Meals Lodging, etc. obtained by Service Bureau Order Co.

Total Hotel or Motel Expense

State

Approved

Title	Title
Received of The Bell Telephone Company of Pennsylvania , subject to the following notice.	

Dollars

in full payment of above expenses which I certify have been incurred on behalf
of the company

Date 19 Sign Here

Notice:
The person signing this voucher should receive payment at time of receipting.
If this voucher is receipted without payment it is done at the signer's own risk.

Total →

Applications for Employment

Because an employment application form contains many varied elements of information, it is especially difficult to organize. To obtain an orderly appearance the information must be grouped in a logical sequence. Since people read from left to right, related material should be organized horizontally rather than vertically. Whenever possible avoid the juxtaposition of unrelated information on the same line.

Once the information is organized into

meaningful subdivisions, the new graphic system can be employed to visually separate the material. The 4-point rules will contribute substantially to the organizing process.

Captions on any form function as instructions to guide the user in filling in the necessary information. But it is the information itself that is important to subsequent readers of the form. It is not appropriate to set captions on business forms like headlines in an


W. T. CO.		WISCONSIN TELEPHONE COMPANY AN EQUAL OPPORTUNITY EMPLOYER				FORM 1611 (11-68)	
APPLICATION FOR EMPLOYMENT						DATE _____ 19__	
PERSONAL DATA							
NAME (PRINT) Mr. Miss Mrs. _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last Maiden Name (If Married) </div>							
ADDRESS _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number and Street City (Zone) or Town State </div>							
TELEPHONE NUMBER _____ <div style="font-size: x-small; text-align: center;">Residence Can be reached</div>				SOCIAL SECURITY NO. _____			
HAVE YOU U.S. MILITARY SERVICE? _____				ARE YOU A U.S. CITIZEN? _____			
MARITAL STATUS		SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		MARRIED <input type="checkbox"/>		PLACE OF BIRTH _____	
		DATE OF MARRIAGE _____		DATE OF BIRTH _____		AGE _____	
HAVE YOU A DRIVERS LICENSE? _____				EXP. DATE _____		WEIGHT _____ HEIGHT _____	
LIST DEPENDENTS _____				ARE YOU COLOR BLIND? _____			
EDUCATION							
		NAME <div style="font-size: x-small; text-align: center;">First Middle Init. Last</div>		OCCUPATION		PRESENT EMPLOYER	
HUSBAND OR WIFE							
FATHER							
MOTHER							
KIND OF SCHOOL	SCHOOL NAME	CITY AND STATE	COURSE OR MAJOR SUBJECT	DATE LEFT	MO. OF YEARS	DID YOU GRAD.	DEGREE
GRAMMAR							
JUNIOR HIGH							
HIGH							
BUSINESS							
EVENING							
COLLEGE							
VOCATIONAL							
YEARS OF EXPERIENCE, TYPING _____ SHORTHAND _____							
WHAT OTHER SPECIALIZED TRAINING OR SKILLS DO YOU HAVE. _____							
RECORD OF EMPLOYMENT - TELEPHONE COMPANY, MILITARY AND OTHER							
LIST PRESENT OR MOST RECENT EMPLOYMENT FIRST							
NAME AND ADDRESS OF EMPLOYER		STARTED MO. YR.	LEFT MO. YR.	DEPT.	NATURE OF WORK	LAST WEEKLY EARNINGS	REASON FOR LEAVING
HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS _____ ARE YOU WILLING TO WORK DAY, EVENING, AND NIGHT HOURS, AND SUNDAYS, HOLIDAYS, OR OVERTIME AS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Interviewer _____				Signature of Applicant _____			

advertisement—each one shouting for attention. On this employment application form, the use of Helvetica Light typeface in cap and lower case letters makes the captions recessive and allows the fill-in material to become the dominant information.

Also, each of the section titles—as well as all the line captions above and below—are aligned with the title of the form. Other captions are also aligned with the vertical lines and boxes above

and below, eliminating the raggedness that occurs with non-alignment.

Form 1611 (11-68)



Wisconsin Telephone

Application for Employment

Mr.
Miss
Mrs.

Name (print) First Middle Last Maiden Name (if married)

Address Number and Street City (Zone) or Town State Zip

☐ Yes ☐ No Place of Birth Date of Birth Age Height Weight

Are you a U.S. Citizen Can be reached Social Security No Have you U.S. Military Service?

Telephone No. Residence Have you a driver license? Exp. Date Are you color blind?

How long have you lived at present address?

Marital Status ☐ Single ☐ Divorced ☐ Widowed ☐ Married Date of Marriage

List Dependents

	Name First	Middle Init.	Last	Occupation	Present Employer
Husband or Wife					
Father					
Mother					

Personal Data

Kind of School School Name City and State Course of Major Subject Date left No. of years Did you grad? Degree

Grammar

Junior High

High

Business

Evening

College

Vocational

Years of experience, Typing Shorthand

What other specialized training or skills do you have?

Education

List present or most recent employment first

Name and address of employer	Started Mo. Yr.	Left Mo. Yr.	Dept.	Nature of work	Last weekly earnings	Reason for leaving

Are you willing to work day, evening, and night hours, and Sundays, holidays, or overtime as required? ☐ Yes ☐ No

Signature of Applicant

Record of Employment

Telephone Company, Military and other

Interviewer

An Equal Opportunity Employer

"The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age."

The demonstration below, and those on the next several pages, are additional examples of existing business forms to which our new graphic principles are applied. The heavy rules, the cap and lower-case typeface in Helvetica Light, and vertical alignment are the graphic devices instrumental in the visual change. These principles can be applied to any business form with the same visual results.

12



Pacific Telephone

Business Service Application

K 1358-B (1-67)

Tel. No.

Cust. Code

Main Listing

Classified Heading

Address

Other Directory
Listings

Type

Service and Equipment

Rate

Message
Allowance

Addl. Msgs.

¢ each

Guarantee
Per Day

10P

Billing Information

Conn.
Charge

AP \$

PD.

DEP \$

PD

BI. Name

BI. Address

Guarantor:

Tel. No

Due Date

Access

Remarks

New Application ☐


Supersedure ☐

A B C D E

Supersede From

AO

Coin Box Shortage Bills

**Pacific Telephone**

DATE _____

ACCT No MISCELLANEOUS ACCOUNT CBS

Tel No _____

PLEASE PAY THIS AMOUNT \$

PLEASE RETURN
THIS UPPER PORTION
WITH YOUR PAYMENT

ACCOUNTING
CENTER NO. _____

MISCELLANEOUS ACCOUNT ACCOUNT COIN BOX SHORTAGE	DATE
DATE OF CALL	_____
CALLED FROM	_____
CALLED TO	_____
AMOUNT OF CHARGE	\$ _____
AMOUNT COLLECTED	\$ _____
DIFFERENCE NOT COLLECTED EXCLUDING TAX	\$ _____
FEDERAL TAX DUE	\$ _____
TOTAL AMOUNT DUE	\$ _____

Pacific Telephone
Trademark © Mather Business Forms, Inc.

A 1030 (12-66)

PACIFIC TELEPHONE
POST OFFICE BOX 54000
TERMINAL ANNEX STATION
LOS ANGELES, CALIF. 90054

TRIMLINE telephone . . . with the dial that comes to you. Order from your business office or ask your telephone service man.



Pacific Telephone

AM49 4 (089) 11/69

Coin Box Shortage Bill

Unit No.

Account No. Miscellaneous Account - Other

To: No.

Amount Due

Please return this upper portion
with your payment

Accounting Center No.

Miscellaneous Account

Unit No.

Called to

Amount of change

Amount collected

Difference not collected (excluding tax)

Net amount due

Total amount due

Pacific Telephone



Pacific Telephone

1000 1st Street
San Francisco, California 94104
San Francisco, California 94104



A-933 (12/66)

W Wallace B. Williams, Inc.

SOUTH CENTRAL BELL TELEPHONE COMPANY

FORM 4525 D-5C
17-68

PLEASE FORWARD PAYMENT TO: TREASURY CASHIER,

TO:

BILL NUMBER

DATE OF BILL

TO CODE NUMBER

FROM CODE NUMBER

NYPs ADVERTISING APPEARING IN THE DIRECTORIES LISTED BELOW AND ANY EXTENDED OR CREDIT BILLING FOR PRECEDING ISSUES

DIRECTORY AND ISSUE DATE OR OTHER DETAIL	ACCOUNT NUMBER	✓	NYPs INVOICE AMOUNTS		SUBTOTALS
			WITH AGENCY COMMISSION	WITHOUT AGENCY COMMISSION	
GROSS AMOUNTS					
LESS 15% AGENCY COMMISSION					
ORIGINAL — PLEASE RETURN DUPLICATE COPY WITH YOUR PAYMENT					
				NET AMOUNT	
				LESS 25%	
				AMOUNT DUE	

SHEET _____ OF _____ SHEETS

PAY THIS
AMOUNT

→



Directory Advertising Bill

Please forward payment to: Treasury Cashier.

NYPSS Advertising appearing in the directories listed below and any extended or credited listing for \$100.00 to \$500.00.

[illegible]

Gross Amount

Less 15% Agency Commission

Original:
Please return duplicate copy with your payment

Pay this Amount


Sheet of Sheets

Customer Bills

The telephone bill is probably the most widely circulated business form in the world. Consequently, it is of great importance for the customer bills of one System company to be consistent in appearance with those of other System companies. This consistency reflects the coordinated effort behind the Bell System's huge service commitment.

The size and format of customer bills will, of course, vary due to the differences in accounting machinery. Nevertheless,

the new graphic system can be readily applied without requiring changes in the machine settings currently in use. The examples below, and on the following pages, demonstrate the new Bell System *look* resulting from the addition of 4-point rules and changes in the typeface of the captions.



Mountain Bell

TELEPHONE BUSINESS OFFICE


0039

PAYMENT DUE UPON RECEIPT OF BILL. PLEASE RETURN ENCLOSED PAYMENT CARD WITH YOUR PAYMENT.

	STATE & LOCAL TAXES	FEDERAL TAX	TOTAL INCLUDING TAXES
LOCAL SERVICE AND EQUIPMENT			
LONG DISTANCE CALLS Statement Enclosed			
OTHER CHARGES AND CREDITS Explanation Enclosed			
DIRECTORY CHARGES			
ADDITIONAL LOCAL CALLS OR MSG UNITS			
BALANCE FROM LAST BILL. If Paid, Please Deduct			
TOTAL			

• INCLUDES SPECIAL MUNICIPAL OR STATE ASSESSMENTS IF APPLICABLE

THANK YOU! IT HAS BEEN A PLEASURE SERVING YOU. PLEASE RETURN ENCLOSED CARD WITH PAYMENT.



Mountain Bell

TELEPHONE BUSINESS OFFICE

0039

PAYMENT DUE UPON RECEIPT OF BILL. PLEASE RETURN ENCLOSED PAYMENT CARD WITH YOUR PAYMENT.

	STATE & LOCAL TAXES	FEDERAL TAX	TOTAL INCLUDING TAXES
LOCAL SERVICE AND EQUIPMENT			
LONG DISTANCE CALLS Statement Enclosed			
OTHER CHARGES AND CREDITS Explanation Enclosed			
DIRECTORY CHARGES			
ADDITIONAL LOCAL CALLS OR MSG UNITS			
BALANCE FROM LAST BILL. If Paid, Please Deduct			
Total			

• INCLUDES SPECIAL MUNICIPAL OR STATE ASSESSMENTS IF APPLICABLE

THANK YOU! IT HAS BEEN A PLEASURE SERVING YOU. PLEASE RETURN ENCLOSED CARD WITH PAYMENT.

MB Form SN642A

PP		DN		CN		R	
ED		CF		VN		RMRS	
				VC			

CREDIT INFORMATION		DATE	AMOUNT
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

STATE AND LOCAL TAXES		FEDERAL TAX	CHARGE INCLUDING TAXES
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

MSG UNITS		TREATMENT HISTORY	RA 1	RA 2	RE
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100		

MB Form SN642A (2-70)

PP		DN		CN		R	
ED		CF		VN		RMRS	
				VC			

CREDIT INFORMATION		DATE	AMOUNT
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

STATE AND LOCAL TAXES		FEDERAL TAX	CHARGE INCLUDING TAXES
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

MSG UNITS		TREATMENT HISTORY	RA 1	RA 2	RE
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100		



Explanation of other charges and credits on the enclosed bill.

Item	Monthly Rate	Period From	To	S/T	Cust. Code	Charge or Credit (CR)

Total Carried to bill (Excluding taxes)

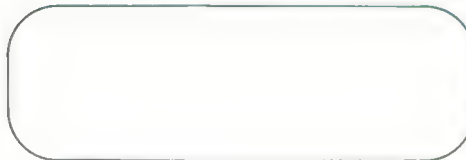
Page


Form SN 652C (Rev 7-69)



Mountain Bell

Post Office Box 960
Denver, Colo 85201



Account Number										Total Amount Due										Amount Paid																			
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px; margin-right: 10px;">Globe 5069640 Payment Card MB Form 1380 MTRL (9-69)</div> <div style="text-align: center;">  <p>Mountain Bell</p> </div> </div>										<div style="display: flex; flex-direction: column; align-items: center;"> <p>Please return this card with your payment</p> <p>Do not fold, tear, or staple this card.</p> <p>Thank you.</p> </div>																													

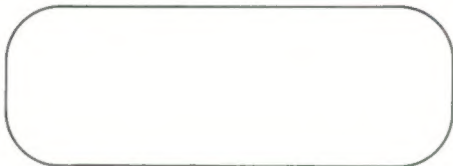
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80



Mountain Bell

Post Office Box 960
Denver, Colo., 80201

Place
Stamp
Here



A carefully designed business form is unique to the company it represents and says something about that company—even to the employees who work for it. It reflects attention to operational efficiency. As a service organization, Bell System companies are vitally concerned with efficiency in all of their operations. Every printed piece of business paper must reflect this concern. Every person involved with designing or producing business forms should do so with these guidelines in hand. Copies of these guidelines should also be given to printers to insure that your company's business forms have the clean, efficient look of our new graphic system. If any questions are raised by these guidelines, please direct them to your company graphics coordinator or the Project Chairman—Design and Appearance, Department of Environmental Affairs.



